



DAILY DBE TRUCK TRACKING SHEET

Date _____

DBE Company _____

Prime Contractor _____

Number of DBE Trucks _____

Lead Worker _____

Project # _____

Number of Other Trucks _____

Indicate which response applies, as appropriate.

Plate#	Truck: Owner and Driver's Full Name	DBE or Other	Owner/ Operator or Driver	Item Being Hauled	On-Site or Off-Site	Does Haul Count For Goal	For DOT Use Only		
							Roster	VIN#	Insp. Initial
	Owner	DBE	Owner/ Operator		On-Site	Yes			
	Driver	Other	Driver		Off-Site	No			
	Owner	DBE	Owner/ Operator		On-Site	Yes			
	Driver	Other	Driver		Off-Site	No			
	Owner	DBE	Owner/ Operator		On-Site	Yes			
	Driver	Other	Driver		Off-Site	No			
	Owner	DBE	Owner/ Operator		On-Site	Yes			
	Driver	Other	Driver		Off-Site	No			
	Owner	DBE	Owner/ Operator		On-Site	Yes			
	Driver	Other	Driver		Off-Site	No			
	Owner	DBE	Owner/ Operator		On-Site	Yes			
	Driver	Other	Driver		Off-Site	No			
	Owner	DBE	Owner/ Operator		On-Site	Yes			
	Driver	Other	Driver		Off-Site	No			
	Owner	DBE	Owner/ Operator		On-Site	Yes			
	Driver	Other	Driver		Off-Site	No			